



COLLEGE CODE OR CO/DIST CODE

FOR DEPARTMENT USE ONLY

DATE APPROVED

COLLEGE/ VO-TECH SCHOOL NAME

FISCAL YEAR JUNE 30

I hereby certify that the information reported herein is correct to the best of our knowledge and belief _____ Date: _____

SEMESTER ☐ Summer (Year)_____ ☐ Fall (Year)_____ ☐ Spring (Year)_____ ☐ Full Year Program

Student Name (LN, FN and MN or initial)	SSN (____-____-____)	Cr. Hr /Clock Hr	Tuition	Fees	PELL/SEOG	Restricted Scholarships	Amt Received for Student	Amt of Overpayment (To be refunded to DESE)	Comment	LS Certificate/ Degree	Fin. Aid Funded
			Total:	Total	Total:	Total:	Total:	Total			

Grand Total: \$	
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[illegible]